

County: Beaufort

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>MEMORY MATTERS</b> 117 WILLIAM HILTON PKWY STE A HILTON HEAD ISLAND, SC 29926-5207 FAC.#:843-842- 6688 HOYLE, EDWINA M PH#: 843-842-6688 Facility Email: EDWINA@MEMORY-MATTERS.ORG	Beaufort / Charitable PO BOX 22330 HILTON HEAD ISLAND, SC 29925-2330 ALZHEIMER'S RESPITE & RESOURCE ADC-0291 / 12/31/2013	60
Number of Participants:	60	

Totals For Facility/License Type: Adult Day CareNumber of Activities/Facilities licensed: 1 Number Licensed Units: 60

## Division of Health Licensing

County: Beaufort

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BLUFFTON-OKATIE OUTPATIENT CENTER</b> 40 OKATIE CENTER BLVD S STE 125 OKATIE, SC 29909-7510 FAC.#:843-705-8804 MAHONEY, TERRI-MARIE PH#: 843-705-8804 Facility Email: TERRI.MAHONEY@TENETHEALTH.COM	Beaufort / Corporation 40 OKATIE CENTER BLVD S STE 125 OKATIE, SC 29909-7510 SOUTH CAROLINA HEALTH SERVICES INC ASF-0075 / 08/31/2014	4
Operating Rooms: 2 Procedure Rooms: 1 Endoscopy Rooms: 1		
<b>LASER AND SKIN SURGERY CENTER</b> 15 HOSPITAL CENTER BLVD STE 2 HILTON HEAD ISLAND, SC 29926-2760 FAC.#:843-689-9200 BUNDY, ALBERT THOMAS PH#: 843-689-9200 Facility Email: HHDERM@ME.COM	Beaufort / Ltd. Liability 15 HOSPITAL CENTER BLVD STE 2 HILTON HEAD ISLAND, SC 29926-2760 DERMATOLOGY SURGERY CENTER LLC ASF-0059 / 09/30/2014	2
Operating Rooms: 2 Procedure Rooms: 0 Endoscopy Rooms: 0		
<b>OUTPATIENT SURGERY CENTER OF HILTON HEAD</b> 190 PEMBROKE DR HILTON HEAD ISLAND, SC 29926-2389 FAC.#:843-682-5050 LUBA, SCOTT A PH#: 843-682-5050 Facility Email: SLUBA@HHISURGERY.COM	Beaufort / Ltd. Liability 190 PEMBROKE DR HILTON HEAD ISLAND, SC 29926-2389 OUTPATIENT SURGERY CENTER OF HILTON HEAD LLC ASF-0092 / 01/31/2014	7
Operating Rooms: 3 Procedure Rooms: 2 Endoscopy Rooms: 2		
<b>SURGERY CENTER OF BEAUFORT</b> 1033 RIBAUT RD BEAUFORT, SC 29902-5436 FAC.#:843-322-5800 EVEC, CAROLYN A PH#: 843-322-5800 Facility Email: CEVEC@BEAUFORTSURGERY.COM	Beaufort / Limited Liability 1033 RIBAUT RD BEAUFORT, SC 29902-5436 SURGERY CENTER OF BEAUFORT LLC ASF-0048 / 06/30/2014	5
Operating Rooms: 3 Procedure Rooms: 0 Endoscopy Rooms: 2		

Totals For Facility/License Type: Ambulatory SurgeryNumber of Activities/Facilities licensed: 4 Number Licensed Units: 18

## Division of Health Licensing

County: Beaufort

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BEAUTY MARKS PIERCING</b> 220 SAVANNAH HWY STE A BEAUFORT, SC 29906-6724 FAC.#:843-470-0304 WILLS, CLARISSA M PH#: 843-470-0304 <b>Facility Email:</b> GOTHICPIERCING@YAHOO.COM	Beaufort / Ltd. Liability 13004 LAKE MELTON ST BEAUFORT, SC 29906-6714 GOTHIC PIERCING & BEAUTY MARKS TATOO'S LLC <b>BP-0216 / 07/31/2014</b>	1
<b>BODY PIERCING STUDIO AT ISLAND REPUBLIC</b> 1460 FORDING ISLAND RD STE 210 BLUFFTON, SC 29910-8665 FAC.#:843-836-2030 BITTON, AMIR M PH#: 843-836-2030 <b>Facility Email:</b> ALLSTAR20@HARGRAY.COM	Beaufort / Ltd. Liability 1460 FORDING ISLAND RD STE 210 BLUFFTON, SC 29910-8665 ALL STAR SERVICE AND RETAIL OF SC LLC <b>BP-0128 / 04/30/2014</b>	1

Totals For Facility/License Type: Body PiercingNumber of Activities/Facilities licensed: 2Number Licensed Units: 2

## Division of Health Licensing

County: Beaufort

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>A'LELIA RESIDENTIAL CARE</b> 10 JACOB WHITE RD YEMASSEE, SC 29945-7820 FAC.#:843-466-0356 MILES, CARRIE R PH#: 843-466-0356 Facility Email: MILES.66@HOTMAIL.COM	Beaufort / Corporation 10 JACOB WHITE RD YEMASSEE, SC 29945-7820 MILES RESIDENTIAL CARE FACILITY INC CRC-1115 / 09/30/2014	20
Alzheimer Care:Yes Max # Resident:2	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>BLOOM AT BELFAIR</b> 60 OAK FOREST RD BLUFFTON, SC 29910-5010 WILLIAMS, LARA C PH#: 843-815-5350 Facility Email: Not on File	Beaufort / Limited Liability 3 HARVEST LN BEAUFORT, SC 29907-2042 BLOOMFIELD SENIOR LIVING OF BLUFFTON LLC CRC-1510 / 12/31/2013	68
Alzheimer Care:Yes Max # Resident:23	Alzheimer Unit: Yes Max # Beds: 23	
Certifications:None		
<b>BLOOM AT BLUFFTON</b> 800 FORDING ISLAND RD BLUFFTON, SC 29910-4845 FAC.#:843-815-2555 TITUS-CONEY, LESLIE A PH#: 843-815-2555 Facility Email: SFRAZIER@BROOKDALELIVING.COM	Beaufort / BLOOMFIELD SENIOR LIVING OF BLUFFTON II LLC CRC-1381 / 04/30/2014	70
Alzheimer Care:Yes Max # Resident:10	Alzheimer Unit: Yes Max # Beds: 24	
Certifications:None		
<b>BLOOM AT HILTON HEAD</b> 35 BEACH CITY RD HILTON HEAD ISLAND, SC 29926-4725 FAC.#:843-342-5599 FRISCH, STEVEN G PH#: 843-342-5599 Facility Email: VMAURY@BROOKDALELIVING.COM	Beaufort / BLOOMFIELD SENIOR LIVING OF HILTON HEAD LLC CRC-1382 / 04/30/2014	72
Alzheimer Care:Yes Max # Resident:42	Alzheimer Unit: Yes Max # Beds: 30	
Certifications:None		
<b>BOSTICK'S ADULT RESIDENTIAL CARE FACILITY</b> 1912 DUKE ST BEAUFORT, SC 29902-4404 FAC.#:843-524-3906 BURNS, WANDA BOSTICK PH#: 843-524-3906 Facility Email: BARCF1@GMAIL.COM	Beaufort / Sole Proprietorship PO BOX 1841 BEAUFORT, SC 29901-1841 WANDA BOSTRICK BURNS CRC-0143 / 05/31/2014	20
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

## Division of Health Licensing

County: Beaufort

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BROAD CREEK CARE CENTER ASSISTED LIVING</b> 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928-3022 FAC.#:843-341-7300 JOHNSON, STEPHANI PH#: 843-341-7300 Facility Email: SJOHNSON@VILIVING.COM	Beaufort / Corporation 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928-3022 CC-HILTON HEAD INC CRC-1036 / 07/31/2014	50
Alzheimer Care:Yes Max # Resident:50	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>EMERITUS AT HAWTHORNE INN AT HILTON HEAD</b> 15 MAIN ST HILTON HEAD ISLAND, SC 29926-4604 FAC.#:843-342-6565 MARSHALL, PETER C PH#: 843-689-9143 Facility Email: HILTONHEAD-ED@EMERITUS.COM	Beaufort / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERITUS CORPORATION CRC-1397 / 08/31/2014	51
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>EMERITUS AT PALM COURT</b> 48 MAIN ST HILTON HEAD ISLAND, SC 29926-1647 FAC.#:843-342-7122 BEST, LORENA K PH#: 843-342-7122 Facility Email: PALMMEADOWSCOURT-ED@EMERITUS.COM	Beaufort / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERITUS CORPORATION CRC-1275 / 08/31/2014	36
Alzheimer Care:Yes Max # Resident:36	Alzheimer Unit: Yes Max # Beds: 36	
Certifications:None		
<b>EMERITUS AT PALM VILLAGE</b> 80 MAIN ST OFC 100 HILTON HEAD ISLAND, SC 29926-2923 FAC.#:843-689-9143 MARSHALL, PETER C PH#: 843-689-9143 Facility Email: PALMMEADOWSVILLAGE-ED@EMERITUS.COM	Beaufort / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERITUS CORPORATION CRC-1276 / 08/31/2014	52
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>HELENA HOUSE</b> 1624 PARIS AVE OFC PORT ROYAL, SC 29935-2041 FAC.#:843-982-0233 FENNELL, ERIC J PH#: 843-982-0233 Facility Email: EFENNELL@ALCCO.COM	Beaufort / Corporation 1624 PARIS AVE OFC PORT ROYAL, SC 29935-2041 CYPRESS AID OPCO LLC CRC-1409 / 07/31/2014	44
Alzheimer Care:Yes Max # Resident:4	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

## Division of Health Licensing

County: Beaufort

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>MARQUISE RESIDENTIAL HOME</b> 9 FRAZIER VILLAGE DR BEAUFORT, SC 29906-7959 FAC.#:843-846-8417 PH#: Facility Email: Not on File	Beaufort / Sole Proprietorship 9 FRAZIER VILLAGE DR BEAUFORT, SC 29906-7959 MATTIE L HAYWARD CRC-0863 / 03/31/2014	5
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>MORNINGSIDE OF BEAUFORT</b> 109 OLD SALEM RD BEAUFORT, SC 29902-5113 FAC.#:843-982-0220 SIEGNER, TAMATHE J PH#: 843-982-0220 Facility Email: TSIEGNER@5SQC.COM	Beaufort / Ltd. Liability 109 OLD SALEM RD BEAUFORT, SC 29902-5113 MORNINGSIDE OF BEAUFORT LLC CRC-1267 / 06/30/2014	49
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>PORT ROYAL COMMUNITY RESIDENCE</b> 1508 OLD SHELL RD PORT ROYAL, SC 29935-1705 FAC.#:843-255-6300 MAYSE, WANDA D PH#: 843-525-7684 Facility Email: MWAGNER@BCGOV.NET	Beaufort / PO BOX 129 PORT ROYAL, SC 29935-0129 BEAUFORT COUNTY DISABILITIES AND SPECIAL NEEDS BOARD CRC-1173 / 08/31/2014	15
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>RIVER OAKS</b> 1251 LADYS ISLAND DR PORT ROYAL, SC 29935-1106 FAC.#:843-521-2298 MAKAR, ANTHONY J PH#: 843-521-2298 Facility Email: MBEAVER@HOLLINGERGROUP.COM	Beaufort / Limited Liability 4550 LENA DR STE 225 MECHANICSBURG, PA 17055-4920 RIVER OAKS SENIOR CARE LLC CRC-0733 / 05/31/2014	62
Alzheimer Care:Yes Max # Resident:5	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>SUMMIT PLACE OF BEAUFORT</b> 1119 PICK POCKET PLANTATION DR BEAUFORT, SC 29902-3771 FAC.#:843-770-0105 LEE-POTTER, KEARA N PH#: 843-770-0105 Facility Email: Not on File	Beaufort / Corporation SNH SE TENANT TRS INC CRC-1375 / 06/30/2014	87
Alzheimer Care:Yes Max # Resident:44	Alzheimer Unit: Yes Max # Beds: 44	
Certifications:None		

Totals For Facility/License Type: Community Residential Care FacilityNumber of Activities/Facilities licensed: 15 Number Licensed Units: 701

## Division of Health Licensing

County: Beaufort

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>AMEDISYS HOME HEALTH OF BEAUFORT</b> 2121 BOUNDARY ST STE 200 BEAUFORT, SC 29902-6812 FAC.#:843-379-2320 KINARD, ROBIN PH#: 843-815-8088 <b>Facility Email:</b> 2210@AMEDISYS.COM <b>Counties Served:</b> Beaufort, Jasper <b>License Restrictions:</b> <b>Physical Therapy:</b> Y <b>Speech Therapy:</b> Y <b>Occupational Therapy:</b> Y <b>Med. Social Services:</b> Y <b>Home Health Aid:</b> Y <b>Medical Supplies/Appliances/Durable Medical Equipment</b> N <b>Other:</b>	Beaufort / Ltd. Liability 2121 BOUNDARY ST STE 200 BEAUFORT, SC 29902-6812 AMEDISYS SC LLC <b>HHA-0189 / 01/31/2014</b>	2
<b>AMEDISYS HOME HEALTH OF BLUFFTON</b> 23 PLANTATION PARK DR STE 503 BLUFFTON, SC 29910-6080 FAC.#:843-815-8088 BARRY, HANK PH#: <b>Facility Email:</b> 2224@AMEDISYS.COM <b>Counties Served:</b> Beaufort, Hampton, Jasper <b>License Restrictions:</b> <b>Physical Therapy:</b> Y <b>Speech Therapy:</b> Y <b>Occupational Therapy:</b> Y <b>Med. Social Services:</b> Y <b>Home Health Aid:</b> Y <b>Medical Supplies/Appliances/Durable Medical Equipment</b> N <b>Other:</b>	Beaufort / Ltd. Liability 23 PLANTATION PARK DR STE 503 BLUFFTON, SC 29910-6080 AMEDISYS SC LLC <b>HHA-0203 / 02/28/2014</b>	3
<b>BEAUFORT-JASPER HOME HEALTH AGENCY</b> 721 OKATIE HWY 170N RIDGELAND, SC 29936-8276 FAC.#:843-987-7400 JOHNSON, LAURA M PH#: 864-379-2575 <b>Facility Email:</b> LMJOHNSON@BJHCHS.ORG <b>Counties Served:</b> Beaufort, Jasper <b>License Restrictions:</b> <b>Physical Therapy:</b> Y <b>Speech Therapy:</b> N <b>Occupational Therapy:</b> N <b>Med. Social Services:</b> Y <b>Home Health Aid:</b> Y <b>Medical Supplies/Appliances/Durable Medical Equipment</b> N <b>Other:</b>	Beaufort / Non-Profit Corporation PO BOX 357 RIDGELAND, SC 29936-2605 BEAUFORT-JASPER-HAMPTON COMPREHENSIVE HEALTH SERVICES INC <b>HHA-0017 / 08/31/2013 (Renewal Pending)</b>	2
<b>CYPRESS CLUB HOME HEALTH AGENCY</b> 20 LADYSLIPPER LN HILTON HEAD ISLAND, SC 29926-1372 FAC.#:843-689-7017 HARRISON, ANN E PH#: 843-689-7017 <b>Facility Email:</b> AHARRISON@THECYPRESS.COM <b>Counties Served:</b> Beaufort, Special Note - Restricted to Residents of The Cypress Club Only on Hilton Head Island, South Carolina <b>License Restrictions:</b> SERVING CAMPUS RESIDENTS ONLY <b>Physical Therapy:</b> N <b>Speech Therapy:</b> N <b>Occupational Therapy:</b> N <b>Med. Social Services:</b> N <b>Home Health Aid:</b> Y <b>Medical Supplies/Appliances/Durable Medical Equipment</b> N <b>Other:</b> NURSING	Beaufort / Corporation 20 LADYSLIPPER LN HILTON HEAD ISLAND, SC 29926-1372 CYPRESS CLUB INC <b>HHA-0146 / 07/31/2014</b>	1

## Division of Health Licensing

County: Beaufort

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>HOSPICE CARE OF THE LOWCOUNTRY HOME HEALTH</b> 119 PALMETTO WAY STE C2 BLUFFTON, SC 29910-9629 FAC.#:843-706-4094 BRASINGTON RN, JENNY PH#: 843-706-2296 <b>Facility Email:</b> JBRASINGTON@HOSPICECARELC.ORG	Beaufort / Non-Profit Corporation PO BOX 3827 BLUFFTON, SC 29910-3827 HOSPICE CARE OF THE LOWCOUNTRY INC <b>HHA-0117 / 09/30/2014</b>	2
<b>Counties Served:</b> Beaufort, Jasper, Special Note - RESTRICTED TO RESIDENTS WHO ARE TRERMINALLY ILL <b>AS DEFINED IN REGULATION 61-78</b> <b>License Restrictions:</b> RESTRICTED TO RESIDENTS WHO ARE TERMINALLY ILL AS DEFINED IN REGULATION 61-7 <b>Physical Therapy:</b> Y <b>Speech Therapy:</b> Y <b>Occupational Therapy:</b> Y <b>Med. Social Services:</b> Y <b>Home Health Aid:</b> Y <b>Medical Supplies/Appliances/Durable Medical Equipment</b> N <b>Other:</b>		
<b>NHC HOMECARE-BEAUFORT</b> 3039 OKATIE HWY OKATIE, SC 29909-5101 FAC.#:843-705-8220 ALL, KATHRYN PH#: 843-664-2600 <b>Facility Email:</b> Not on File	Beaufort / Limited Liability 3039 OKATIE HWY OKATIE, SC 29909-5101 NHC HOMECARE-SOUTH CAROLINA LLC <b>HHA-0216 / 09/30/2014</b>	4
<b>Counties Served:</b> Beaufort, Colleton, Hampton, Jasper <b>License Restrictions:</b> <b>Physical Therapy:</b> Y <b>Speech Therapy:</b> Y <b>Occupational Therapy:</b> Y <b>Med. Social Services:</b> Y <b>Home Health Aid:</b> N <b>Medical Supplies/Appliances/Durable Medical Equipment</b> N <b>Other:</b> DIETARY CONSULTATION		
<b>SEABROOK WELLNESS AND HOME HEALTH CARE</b> 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 FAC.#:843-842-3747 LEE, ROBERT M PH#: 843-842-3747 <b>Facility Email:</b> Not on File	Beaufort / Non-Profit Corporation 300 WOODHAVEN DR OFC HILTON HEAD ISLAND, SC 29928-7512 SEABROOK OF HILTON HEAD INC <b>HHA-0173 / 11/30/2014</b>	1
<b>Counties Served:</b> Beaufort, Special Note - SERVING CAMPUS RESIDENTS ONLY OF CONTINUING CARE <b>RETIREMENT</b> <b>License Restrictions:</b> SERVING CAMPUS RESIDENTS ONLY OF CONTINUING CARE RETIREMENT <b>Physical Therapy:</b> Y <b>Speech Therapy:</b> Y <b>Occupational Therapy:</b> Y <b>Med. Social Services:</b> Y <b>Home Health Aid:</b> Y <b>Medical Supplies/Appliances/Durable Medical Equipment</b> Y <b>Other:</b>		



## Division of Health Licensing

County: Beaufort

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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UNIHEALTH HOME HEALTH OF THE LOW COUNTRY 1605 NORTH ST BEAUFORT, SC 29902-4815 FAC.#:843-522-0476 JOHNSON, KATHY A PH#: 843-522-0476 Facility Email: RSOUTHWORTH@UHS-PRUITT.COM	Beaufort / Corporation 1605 NORTH ST BEAUFORT, SC 29902-4815 UNITED HOME CARE INC HHA-0214 / 04/30/2014	16
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Counties Served: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston,  
Colleton, Dorchester, Hampton, Jasper, Lexington, Orangeburg, Richland, Sumter

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y  
Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N  
Other:

Totals For Facility/License Type: Home Health

Number of Activities/Facilities licensed: 8      Number Licensed Units: 31

## Division of Health Licensing

County: Beaufort

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>FRIENDS OF CAROLINE HOSPICE OF BEAUFORT</b> 1110 13TH ST PORT ROYAL, SC 29935-1938 FAC.#:843-525-6257 OWENS, HEIDI PH#: 843-525-6257 <b>Facility Email:</b> HEIDI@FRIENDSOFCAROLINEHOSPICE.ORG	Beaufort / Non-Profit Corporation 1110 13TH ST PORT ROYAL, SC 29935-1938 FRIENDS OF CAROLINE HOSPICE OF BEAUFORT INC <b>HPC-0057 / 06/30/2014</b>	1
<b>Counties Served: Beaufort</b>		
<b>HOSPICE CARE OF AMERICA INC-LOW COUNTRY</b> 1800 PARIS AVE PORT ROYAL, SC 29935-2045 FAC.#:843-322-0063 NOLETTE RN, SARA J PH#: 843-322-0063 <b>Facility Email:</b> 1FEDYSCHYN@MSA-CORP.COM	Beaufort / Corporation PO BOX 2431 LEXINGTON, SC 29071-2431 HOSPICE CARE OF AMERICA INC <b>HPC-0097 / 07/31/2014</b>	12
<b>Counties Served: Aiken, Allendale, Barnwell, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Edgefield, Hampton, Jasper, McCormick</b>		
<b>HOSPICE CARE OF THE LOWCOUNTRY</b> 119 PALMETTO WAY BLUFFTON, SC 29910-9629 FAC.#:843-706-2296 BRASINGTON RN, JENNY PH#: 843-706-2296 <b>Facility Email:</b> JBRASINGTON@HOSPICECARELC.ORG	Beaufort / Non-Profit Corporation PO BOX 3827 BLUFFTON, SC 29910-3827 HOSPICE CARE OF THE LOWCOUNTRY INC <b>HPC-0028 / 04/30/2014</b>	3
<b>Counties Served: Beaufort, Hampton, Jasper</b>		
<b>TIDEWATER HOSPICE</b> 10 BUCKINGHAM PLANTATION DR STE A BLUFFTON, SC 29910-6503 FAC.#:843-757-9388 SAXON, SUSAN E PH#: 843-757-9388 <b>Facility Email:</b> SUUSANSAXON@TIDEWATERHOSPICE.COM	Beaufort / Partnership 10 BUCKINGHAM PLANTATION DR STE A BLUFFTON, SC 29910-6503 TIDEWATER HOSPICE PA <b>HPC-0119 / 02/28/2014</b>	28
<b>Counties Served: Aiken, Allendale, Bamberg, Barnwell, Beaufort, Calhoun, Cherokee, Chester, Colleton, Edgefield, Fairfield, Greenville, Greenwood, Hampton, Jasper, Kershaw, Lancaster, Laurens, Lexington, McCormick, Newberry, Orangeburg, Richland, Saluda, Spartanburg, Sumter, Union, York</b>		
<b>UNITED HOSPICE OF BEAUFORT</b> 1605 NORTH ST BEAUFORT, SC 29902-4815 FAC.#:843-522-0476 ESTES, GREG PH#: 843-522-0476 <b>Facility Email:</b> GESTES@UHS-PRUITT.COM	Beaufort / Corporation 1605 NORTH ST BEAUFORT, SC 29902-4815 UNITED HOSPICE INC <b>HPC-0087 / 06/30/2014</b>	4
<b>Counties Served: Beaufort, Colleton, Hampton, Jasper</b>		

Totals For Facility/License Type: Hospice ProgramNumber of Activities/Facilities licensed: 5 Number Licensed Units: 48

## Division of Health Licensing

County: Beaufort

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BEAUFORT MEMORIAL HOSPITAL</b> 955 RIBAUT RD BEAUFORT, SC 29902-5454 FAC.#:843-522-5200 TOOMEY, RICHARD K PH#: 843-522-5200 Facility Email: DCRAWFORD@BMHSC.ORG	Beaufort / County 955 RIBAUT RD BEAUFORT, SC 29902-5454 BEAUFORT COUNTY MEMORIAL HOSPITAL HTL-0026 / 11/30/2014	197
Licensed Beds: General: 169 Psychiatric: 14 Rehab: 14 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 5		

Certifications: Trauma Center Level III, Perinatal Level II, JCAHO Accredited

<b>HILTON HEAD HOSPITAL</b> 25 HOSPITAL CENTER BLVD HILTON HEAD ISLAND, SC 29926-2738 FAC.#:843-689-8206 ONEIL, MARK PH#: 843-689-8206 Facility Email: Not on File	Beaufort / Limited Liability Limited Partnership <del>25 HOSPITAL CENTER BLVD</del> HILTON HEAD ISLAND, SC 29926-2738 HILTON HEAD HEALTH SYSTEM LP HTL-0646 / 10/31/2014	93
Licensed Beds: General: 93 Psychiatric: 0 Rehab: 0 Substance Abuse: 0 Other Beds : NICU: 0 Neonatal Special Care: 0		

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General InfirmaryNumber of Activities/Facilities licensed: 2 Number Licensed Units: 290

## Division of Health Licensing

County: Beaufort

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BAYVIEW MANOR</b> 11 TODD DR BEAUFORT, SC 29902-6113 FAC.#:843-524-8911 HAMM, SUE PH#: 803-256-4983 Facility Email: ADMIN@BAYVIEWMANOR.NET	Beaufort / Ltd. Liability 11 TODD DR BEAUFORT, SC 29902-6113 BAYVIEW MANOR LLC NCF-0898 / 05/31/2014	170
Licensed Beds: Nursing Home: 170 Institutional Nursing Home: 0  Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0  Certifications:None		
<b>BROAD CREEK CARE CENTER SKILLED NURSING</b> 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928-3022 FAC.#:843-341-7300 JOHNSON, STEPHANI PH#: 843-341-7300 Facility Email: SJOHNSON@VILIVING.COM	Beaufort / Corporation 700 TIDEPOINTE WAY HILTON HEAD ISLAND, SC 29928-3040 CC-HILTON HEAD INC NCF-0753 / 07/31/2014	25
Licensed Beds: Nursing Home: 25 Institutional Nursing Home: 0  Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0  Certifications:None		
<b>FRASER HEALTH CARE</b> 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 FAC.#:843-842-3747 MILLER, LINDA D PH#: 843-842-3747 Facility Email: LMILLER@THESEABROOK.COM	Beaufort / Non-Profit Corporation 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 SEABROOK OF HILTON HEAD INC NCF-0414 / 09/30/2014	33
Licensed Beds: Nursing Home: 19 Institutional Nursing Home: 14  Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0  Certifications:None		
<b>LIFE CARE CENTER OF HILTON HEAD</b> 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 FAC.#:843-681-6006 BOUZY, PHILIPPE B PH#: 000-000-0000 Facility Email: PHILIPPE_BOUZY@LCCA.COM	Beaufort / Corporation 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 LIFE CARE CENTERS OF AMERICA INC NCF-0725 / 05/31/2014	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0  Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0  Certifications:None		

## Division of Health Licensing

County: Beaufort

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
NHC HEALTHCARE BLUFFTON 3039 OKATIE HWY BLUFFTON, SC 29909-5101 FAC.#:843-705-8220 TAYLOR, WADE J PH#: 843-705-8220 Facility Email: ADMINISTRATOR#@NHCBLUFFTON.COM	Beaufort / Limited Liability 3039 OKATIE HWY BLUFFTON, SC 29909-5101 NHC HEALTHCARE/BLUFFTON LLC NCF-0958 / 01/31/2014	120

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

PRESTON HEALTH CENTER 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 FAC.#:843-689-7077 REP KING, JULIE E PH#: 843-689-7007 Facility Email: JREP KING@THECYPRESS.COM	Beaufort / Limited Liability Limited Partnership 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 CYPRESS OF HILTON HEAD ISLAND ASSOCIATES LP NCF-0576 / 04/30/2014	77
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Licensed Beds: Nursing Home: 69 Institutional Nursing Home: 8

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 6 Number Licensed Units: 513

County: Beaufort

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BEAUFORT COUNTY ALCOHOL AND DRUG ABUSE DEPARTMENT 1905 DUKE ST STE 270 BEAUFORT, SC 29902-4403 FAC.#:843-255-6000 BOYNE JR, DOUGLAS H PH#: 843-255-6000 Facility Email: BRAY@BCGOV.NET	Beaufort / County PO BOX 311 BEAUFORT, SC 29901-0311 BEAUFORT COUNTY ALCOHOL AND DRUG ABUSE DEPARTMENT (BOARD) OTP-0018 / 07/31/2014	2

Certifications:None

Totals For Facility/License Type: PSAD OutpatientNumber of Activities/Facilities licensed: 1      Number Licensed Units: 2

## Division of Health Licensing

County: Beaufort

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>CAROLINA COAST HOME TRAINING</b> 25 HOSPITAL CENTER BLVD STE 104, MEDICAL PAVILLION HILTON HEAD ISLAND, SC 29926-2735 FAC.#:843-342-7300 CONRAD RN, SHANE EDWARD PH#: 000-000-0000 <b>Facility Email:</b> Not on File	Beaufort / Corporation  TOTAL RENAL CARE INC <b>ERD-0200 / 07/31/2014</b>	2
<b>Licensed Stations: Hemodialysis: 0 Peritoneal: 2</b>		
<b>DCI PORT ROYAL</b> 300 MIDTOWN DR BEAUFORT, SC 29906-5200 FAC.#:843-521-4300 CASCIO RN, BARBARA A PH#: <b>Facility Email:</b> SUSAN.WATTS@DCIINC.ORG	Beaufort / Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC <b>ERD-0132 / 05/31/2014</b>	18
<b>Licensed Stations: Hemodialysis: 17 Peritoneal: 1</b>		
<b>FMC DIALYSIS SERVICES-HILTON HEAD</b> 25 HOSPITAL CENTER BLVD STE 108, MEDICAL PAVILION HILTON HEAD ISLAND, SC 29926-2735 FAC.#:843-681-5840 KEMMERLIN, TINA PH#: <b>Facility Email:</b> KBENGE@FMC-NA.COM	Beaufort / Corporation 25 HOSPITAL CENTER BLVD STE 108, MEDICAL PAVILION HILTON HEAD ISLAND, SC 29926-2735 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC <b>ERD-0123 / 07/31/2014</b>	16
<b>Licensed Stations: Hemodialysis: 16 Peritoneal: 1</b>		
<b>FMC DIALYSIS SERVICES-LOW COUNTRY DIALYSIS</b> 2 PROFESSIONAL DR PORT ROYAL, SC 29935-1123 FAC.#:843-524-2373 ROSA, SUSAN PH#: 843-524-2373 <b>Facility Email:</b> SUSAN.ROSA@FMC-NA.COM	Beaufort / Corporation 10 JOHNNY MORRALL CIR PORT ROYAL, SC 29935-1148 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC <b>ERD-0097 / 05/31/2014</b>	22
<b>Licensed Stations: Hemodialysis: 22 Peritoneal: 1</b>		

**Totals For Facility/License Type: Renal Dialysis**

**Number of Activities/Facilities licensed: 4      Number Licensed Units: 58**

## Division of Health Licensing

County: Beaufort

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BEAUTY MARKS TATTOOS</b> 220 SAVANNAH HWY STE B BEAUFORT, SC 29906-6724 FAC.#:843-470-0304 WILLS, CLARISSA M PH#: 843-470-0304 <b>Facility Email:</b> GOTHICPIERCING@YAHOO.COM	Beaufort / Limited Liability 220 SAVANNAH HWY BEAUFORT, SC 29906-6724 GOTHIC PIERCING AND BEAUTY MARKS TATTOOS LLC <b>TF-0064 / 04/30/2014</b>	3
<b>INCREDIBLE INK</b> 37 NEW ORLEANS RD STE Y HILTON HEAD ISLAND, SC 29928-4747 FAC.#:843-467-9203 GRAVINA OATES, RITA PH#: 843-247-6677 <b>Facility Email:</b> 1INCREDIBLEINK@GMAIL.COM	Beaufort / Limited Liability PO BOX 7872 HILTON HEAD ISLAND, SC 29938-7872 INCREDIBLE INK LLC <b>TF-0153 / 03/31/2014</b>	1
<b>ISLAND TATTOO COMPANY</b> 115 ARROW RD UNIT 1 HILTON HEAD ISLAND, SC 29928-7314 FAC.#:843-785-3344 BITTON, AMIR M PH#: 843-785-3344 <b>Facility Email:</b> ALLSTAR20@HARGRAY.COM	Beaufort / Corporation 1460 FORDING ISLAND RD STE 210 BLUFFTON, SC 29910-8665 ISLAND TATTOO COMPANY INC <b>TF-0057 / 10/31/2014</b>	5
<b>RISING TIDE TATTOOS</b> 5 MARINA BLVD BEAUFORT, SC 29902-6947 FAC.#:843-322-0941 KITZMANN, CHRISTIE MARIE PH#: 843-322-0941 <b>Facility Email:</b> CHRISTIEKITZMANN@YMAIL.COM	Beaufort / Sole Proprietorship 5 MARINA BLVD BEAUFORT, SC 29902-6947 KITZMANN, CHRISTIE MARIE <b>TF-0155 / 05/31/2014</b>	2
<b>YES IT HURTS! TATTOOS</b> 14 SAVANNAH HWY STE 17B BEAUFORT, SC 29906-6289 FAC.#:843-524-8288 SMITH, WILLIAM T PH#: 843-379-2007 <b>Facility Email:</b> YESITHURTSTATTOOS@GMAIL.COM	Beaufort / Partnership   WILLIAM AND ANGELA SMITH <b>TF-0138 / 05/31/2014</b>	3

Totals For Facility/License Type: Tattoo FacilityNumber of Activities/Facilities licensed: 5 Number Licensed Units: 14

Number of Activities/Facilities licensed in county of Beaufort # Lics: 53  
 Number Licensed Units : 1,737

## Report Totals

Total Number of Activities/Facilities licensed 53 Total Number Licensed Units: 1,737